

Guidance for Identifying, Reporting, Preventing, and Controlling Suspected and Confirmed Influenza Outbreaks in Long-Term Care Facilities, 2019-2020 Influenza Season

Purpose

These guidelines are intended to aid long-term care facilities (LTCF) in the identification, reporting, control, and prevention of suspected and confirmed influenza and/or influenza-like illness (ILI) outbreaks.

Surveillance and Testing

Surveillance and testing are key to identifying potential outbreaks. ILI is defined as a fever (≥100°F [37.8°C], oral or equivalent) AND cough and/or sore throat (without a known cause other than influenza).

- Any resident who has ILI should be tested for influenza despite the time of the year.
- If one resident tests positive for influenza, begin daily active surveillance for respiratory symptoms and ILI among all residents and staff.
- Continue daily active surveillance until one week after the last confirmed influenza case in the facility has occurred and in consultation with the regional health department.

Criteria for Reporting Influenza/ILI Outbreaks

Guidelines for reporting:

• An influenza outbreak is defined when two cases, who shared the same unit or the same exposure, reported as testing positive for influenza and identified within 72 hours of each other (i.e., resident or staff tests positive for influenza by a lab test such as a rapid influenza test, culture, real-time PCR, DFA, or IFA).

Please note: Outbreaks should be considered over when no new cases of influenza or ILI have been detected for seven consecutive days. Report a new outbreak if your facility meets the above listed criteria again during the influenza season and a minimum of seven days has passed.

What to Report

Provide the following information to the regional health department.

- Facility name and contact
- Facility population (e.g., resident enrollment and number of staff employed)
- Number of total and affected units/wings in facility
- Number of residents and staff who have received the current season's influenza vaccine
- Number of residents and staff with ILI and treatment that has been given, if applicable
- Earliest illness onset date and latest illness onset date
- Number of residents and staff who have tested positive for influenza and the testing method
- Number of residents and staff who are hospitalized
- Mitigation measures already taken
- Promptly report all influenza-associated deaths that occur utilizing the influenza-associated mortality case report form, within 24 hrs by phone

Subsequent Reporting

Report all ill cases (e.g., residents and staff) utilizing a line list (will be provided by regional health department personnel) weekly or as deemed appropriate.

How to Report

Contact information for regional health departments can be found at: www.scdhec.gov/sites/default//files/Library/CR-009025.pdf



Guidance for Preventing* Influenza Outbreaks in Long-Term Care Facilities

*Listed below are recommendations to help prevent influenza outbreaks from occurring in long-term care facilities during influenza season.

Completed	Checklist for Prevention Measures During Influenza Season in Long Term Care Facilities	Resources		
Vaccination				
	Offer the annual age-appropriate influenza vaccine to all residents and staff, unless they cannot receive it for medical reasons.	cdc.gov/flu/professionals/vaccination cdc.gov/flu/toolkit/long-term-care/plan.htm		
	Offer the pneumococcal vaccine to all adults aged 65 and older.	cac.gov/na/tooikia/ong term care/plan.ntm		
		cdc.gov/flu/toolkit/long-term-		
	Maintain a vaccination log for all residents, staff, and new admissions.	care/importance.htm		
	Track each resident who cannot receive the vaccine for medical	cdc.gov/vaccines/vpd/pneumo/index.html		
	reasons, residents (or their legal representatives) who refuse vaccination, and those who did not receive the vaccine because it was not available because of shortage.	www.scdhec.gov/Agency/RegulationsAndUpdat es/LawsAndRegulations/Health/		
	Good Hygiene Etiquette			
	Provide annual in-service training to staff on proper hand hygiene, respiratory hygiene, and cough etiquette.	cdc.gov/flu/professionals/infectioncontrol/resp hygiene.htm		
	Post signage in the facility about proper respiratory hygiene and cough etiquette.	cdc.gov/handhygiene/providers/index.html		
		cdc.gov/flu/protect/covercough.htm		
	Exclusion and Visitation			
	Exclude staff with ILI or who test positive for influenza from work until 24 hours fever free without the use of fever-reducing medicines.	cdc.gov/flu/professionals/infectioncontrol/healt hcaresettings.htm		
	Post signage to discourage ill visitors or require the use of a face mask while visiting.			
	Develop a tracking system to monitor staff absences.			
	Infection Control			
	Provide annual in-service training on standard and droplet precaution procedures to all staff.	cdc.gov/flu/professionals/infectioncontrol/healt hcaresettings.htm		
	Implement standard precautions when providing care to residents, including the use of personal protective equipment (PPE), such as gloves, gowns, and masks, as dictated by patient-care activities.			
	Environmental Cleaning			
	Follow your facility's policies for cleaning and disinfecting.	cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.ht m		



Guidance for Controlling* Suspected Influenza Outbreaks in Long-Term Care Facilities

*Listed below are recommendations to help control and prevent further influenza transmission during an influenza outbreak in a facility.

√	Checklist for Control Measures During Influenza Season in Long Term Care Facilities	Resources	
	Antiviral Treatment and Chemoprophylaxis		
	Initiate antiviral treatment for all suspected and confirmed cases of influenza. Treatment should not wait for laboratory confirmation of influenza. Collect NP swab prior to treatment. Recommended dosage and duration for oral Oseltamivir is 75 mg twice daily for five days.	cdc.gov/flu/professionals/infectionco ntrol/ltc-facility-guidance.htm	
	Initiate antiviral chemoprophylaxis for ALL residents in facility. Priority should be given to residents in affected areas. Recommended dosage and duration for oral Oseltamivir is 75 mg once daily for a minimum of two weeks and continuing for one week after date of last reported case. • When at least two patients are ill within 72 hours of each other and at least one resident has laboratory-confirmed influenza, the facility should promptly initiate antiviral chemoprophylaxis.	cdc.gov/flu/professionals/antivirals/s ummary-clinicians.htm	
ш	Offer antiviral chemoprophylaxis to staff regardless of their vaccination status.		
	Notify the regional health department if a resident or staff develops influenza during or after antiviral chemoprophylaxis therapy to initiate antiviral resistance testing, if available.	cdc.gov/flu/professionals/infectionco ntrol/ltc-facility-guidance.htm	
	Reduce contact between ill persons taking antiviral drugs for treatment and other persons.		
	Infection Control using Standard and Droplet Precauti	ons	
	 Ensure adherence to standard precautions: Perform hand hygiene frequently and after each patient encounter. Ensure supplies for hand hygiene are available. Wear gloves for any contact with potentially infectious material. 	cdc.gov/flu/professionals/infectionco ntrol/ltc-facility-guidance.htm cdc.gov/flu/protect/covercough.htm	
	 Wear gowns for any patient-care activity when contact with blood, body fluids, secretions (including respiratory), or excretions is anticipated. Change gloves and gowns after each patient encounter. Dedicate specific staff to care for ill residents in their rooms. If dedicating staff is not possible, staff should provide care for well residents before providing care for ill residents. Implement droplet precautions for ill residents: 	cdc.gov/flu/professionals/infectionco ntrol/healthcaresettings.htm cdc.gov/flu/professionals/infectionco ntrol/resphygiene.htm	
	 Isolate ill residents to their rooms. If not possible, house sick residents together. Don a facemask when entering the room of a patient with suspected or confirmed influenza. Place a facemask on residents who are under droplet precautions if they must leave their room. Continue to implement droplet precautions for seven days after illness onset, until 24 hours after the end of fever and respiratory symptoms, or for the duration of antiviral therapy, whichever is longer. 	cdc.gov/flu/professionals/infectionco ntrol/healthcaresettings.htm	



Guidance for Controlling* Suspected Influenza Outbreaks in Long-Term Care Facilities

*Listed below are recommendations to help control and prevent further influenza transmission during an influenza outbreak in a facility.

√	Checklist for Control Measures During Influenza Season in Long Term Care Facilities	Resources		
Additional Control Measures				
	Discontinue group activities. Provide meals to residents in their rooms.			
	Accept current ill residents returning from influenza-associated hospital admissions, as staffing capacity and bed availability allow. Adhere to droplet precaution practices, as indicated.	cdc.gov/flu/protect/covercough.htm		
	Avoid accepting new admissions to affected units/wings. If new admissions cannot be deferred, administer antiviral chemoprophylaxis upon entry.	cdc.gov/flu/professionals/infectionco ntrol/healthcaresettings.htm		
	Current residents hospitalized for other reasons should be evaluated on a case-by-case basis for readmission.	www.scdhec.gov/Health/Diseasesand		
	Communicate information about patients with suspected, probable, or confirmed influenza to appropriate personnel before transferring them to other facilities.	Conditions/InfectiousDiseases/Flu/Flu Data/		
	Ensure exclusion of staff with ILI or who test positive for influenza from work until 24 hours fever free without the use of fever-reducing medicines.	cdc.gov/flu/professionals/infectionco ntrol/ltc-facility-guidance.htm		
	Enhance environmental cleaning procedures. Clean and disinfect on a frequent basis areas close to residents (i.e., beds rails, tables, door knobs, and area around toilet) and other high-touch areas throughout the facility.			
	Instruct visitors to use hand hygiene and wear facemasks (when indicated) until the outbreak is over. Provide hand sanitizers, tissues, face masks, and no-touch trash bin at entrances.			
Ц	Inform family members and other visitors about their role in the transmission of flu to patients and encourage them to get vaccinated.			
Ш	Restrict visitations from children during heightened times of influenza activity in the local community.			
	Test residents with respiratory symptoms for influenza during an outbreak and/or during influenza season.			